FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	RM 1 ORGANIZATION (See instructions)					Office	an anh	
1. NAME OF COMMITTEE (in		Check if name s changed)	Example: If typ over the lines	ying, type	12FE4M	Office us	se only	
Carolina Majo	rity PAC	1111		<u> </u>	1 1 1 1		1111	
	<u> </u>	1 1 1 1 1		<u> </u>	1111	1 1 1	1111	لبيا
ADDRESS (number and	street)	ox 2485						
X (Check if addr is changed)	ess Sprin	gfield			L VA	2	2152 <sub>  -</sub> 0	  485 
			CITY		STATE		ZIP CODE	•
CARPAC@Cor	ncentricOffice.com	1						1
COMMITTEE'S WEB	PAGE ADDRESS (LIB	91)						
I COMMITTEES WEB	FAGE ADDRESS (OF	iL)						1
								шЩ.
								шШ
703 569-9004	NUMBER	J						
2. DATE 0 3		2 0 0 6 Y						
3. FEC IDENTIFICATION NUMBER C C00376756								
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)								
I certify that I have exami	ned this Statement and t	o the best of my knov	vledge and belief it is	true, correct and	l complete			
Town on Bright Name of	D:	arrell Newsome	.lr					
Type or Print Name of	reasurer		,					
Signature of Treasurer	Electronically Filed	by Darrell Nev	vsome, Jr.		Date 0	<b>3</b> / D	<b>0</b> 8 / Y	<b>2</b> 0 0 6
NOTE: Submission of fa		olete information may					J.S.C. S437g.	
Office Use Only			Federal El Toll Free 8	er information co lection Commission 300-424-9530 -694-1100			C FORM evised 02/2003	